

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10-119876  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1							51	/						
2							52		/					
3							53		/					
4							54		/					
5							55		/					
6							56		/					
7							57		/					
8							58	/						
9							59							
10							60							
11							61							
12							62							
13							63							
14							64							
15							65							
16							66							
17							67							
18							68							
19							69							
20							70							
21							71							
22							72							
23							73							
24							74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39	/						89							
40		/					90							
41		/					91							
42		/					92							
43		/					93							
44		/					94							
45		/					95							
46		/					96							
47		/					97							
48		/					98							
49		/					99							
50		/					100							
TOTAL D.	3						TOTAL IND.							
TOTAL P.	17						TOTAL DEP.							
TOTAL AIMS	20						TOTAL CLAIMS							

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10/009876

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APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9	1						59						
10	1						60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16	1						66						
17		1					67						
18	1						68						
19	1						69						
20		1					70						
21		1					71						
22		1					72						
23	1						73						
24		1					74						
25		1					75						
26		1					76						
27	1						77						
28		1					78						
29	1						79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35	1						85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.	10						TOTAL IND.						
TOTAL DEP.	29						TOTAL DEP.						
TOTAL CLAIMS	39						TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS